



**City of Killeen**  
**Building Inspections Department**  
101 N. College St, Killeen, Texas 76540  
254-501-7762

**DUCT LEAKAGE AFFIDAVIT**

This completed form is required for **all** New 1 & 2 Family Dwellings, Townhouses and **all** mechanical projects that include installing and or replacing duct systems for the same type of dwellings.

Permit #: \_\_\_\_\_

Site Address: \_\_\_\_\_

Conditioned Floor Area (sq.ft): \_\_\_\_\_ Source (choose one) ☐ Plans ☐ Measured

☐ **Duct tightness test is not required if the air handler and all ducts are located within conditioned space.**

**Maximum duct leakage:**

Post construction, total duct leakage (floor area \_\_\_\_\_ sq.ft x .12)= \_\_\_\_\_ CFM @ 25Pa

Post construction, leakage to outdoors (floor area \_\_\_\_\_ sq.ft x .08)= \_\_\_\_\_ CFM @ 25Pa

Rough-In total, total duct leakage with air handler installed (floor area x.06)= \_\_\_\_\_ CFM @ 25Pa

Rough-In total, total duct leakage with air handler not installed (floor area x.04)= \_\_\_\_\_ CFM @ 25Pa

**TEST RESULT:** \_\_\_\_\_ CFM @ 25Pa ☐ PASS ☐ FAIL

Ring (check on if applicable): ☐ Open ☐ 1 ☐ 2 ☐ 3

Duct Tester Location: \_\_\_\_\_ Pressure Tap Location: \_\_\_\_\_

**I certify that these duct leakage rates are accurate and determined using standard duct testing protocol.**

Company Name \_\_\_\_\_ Technician \_\_\_\_\_  
(Print Name)

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**This form shall be on site for final inspection.**